



## List of Terms Defined



## **Access for Infants and Mothers (AIM) Program**

This program is for uninsured pregnant women whose family income is between 200% and 300% of Federal Income Guidelines. A child born to a mother enrolled in AIM is automatically eligible for the Healthy Families Program unless the child is enrolled in the no-cost Medi-Cal Program, has employer-sponsored insurance, or had employer-sponsored insurance in the last 3 months.

## **Americans with Disabilities Act (ADA)**

Section 504 of the rehabilitation Act of 1973 that states no qualified disabled person shall, on the basis of disability, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity which receives or benefits from federal financial assistance. (See page 36)

## **Anniversary Date**

The date a person needs to send information to Healthy Families to requalify for the program.

## **Annual Eligibility Review (AER)**

The once-a-year process of confirming continued eligibility in the Healthy Families Program.

## **Appeal**

Asking for reconsideration of a Healthy Families Program decision.

## **Applicant**

A person who is a natural or adoptive parent, a legal guardian, or a caretaker relative, or stepparent with whom a child lives, who applies for coverage on behalf of a child. An applicant can also be an emancipated minor, or a minor not living in the home of a natural or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent, applying for coverage on behalf of his or her child or on his or her own behalf.

## **Benefits**

The health, dental, and vision services your child receives under the Healthy Families Program.

## **Benefit Year**

The period of 12 months, from July 1 to June 30.

## **Binding Arbitration**

An agreement between some insurance plans and subscribers to have health care disputes reviewed by a neutral person. After reviewing all facts and hearing both sides, the neutral person makes a decision. Both parties agree to accept that decision.

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## **California Children Services (CCS)**

This program provides diagnostic, treatment and case management services to children under the age of 19 who have medical, dental, or vision conditions that meet the CCS medical and residential eligibility criteria.

## **Certificate of Insurance (COI)**

Booklet that health, dental, and vision plans send out to new enrollees that contains detailed information about Healthy Families Program benefits, how to obtain benefits, and the rights and responsibilities of Healthy Families Program members.

## **Certified Application Assistant (CAA)**

Person trained to help you fill out the Healthy Families Program application at no charge.

## **Community Provider Plan**

The health plan in a county that has done the best job of including traditional and safety net providers in its network. Traditional and safety net providers are the doctors, clinics, and hospitals that have provided health care to uninsured families.

## **Consolidated Omnibus Budget Reconciliation Act (COBRA)**

COBRA refers to the federal law giving people, under certain circumstances, the right to continue coverage in an employee health plan for a limited time.

## **Co-payment**

A payment that a subscriber makes at the time of receiving certain services, such as visits to a doctor and prescription drugs.

## **Coverage**

The services provided by an insurance plan participating in the Healthy Families Program.

## **Disenrollment**

The end of enrollment in the Healthy Families Program.

## **Effective Date of Coverage**

The first day a subscriber can begin using services in the Healthy Families Program.

## **Eligibility Determination**

A decision made that all requirements to qualify for coverage in the Healthy Families Program either have or have not been met.

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## **Eligible**

Meeting all the criteria to participate in the Healthy Families Program.

## **Employer-Sponsored Health Insurance**

A benefit offered by an employer, at a cost or no cost to his/her employees, that includes health plan coverage.

## **Evidence of Coverage (EOC)**

Booklet that health, dental, and vision plans send out to new enrollees that contains detailed information about Healthy Families Program benefits, how to obtain benefits, and the rights and responsibilities of Healthy Families Program members.

## **Exclusion**

A service or condition not covered by an insurance plan under Healthy Families.

## **Exclusive Provider Organization (EPO)**

A health plan whose members must seek care from a list of contracting providers. An EPO does not require you to choose a Primary Care Physician. Members also may self-refer to a specialist in the EPO contract network.

## **Federal Income Guidelines (FIG)**

Federal Income Guidelines are the income levels families must meet to qualify for Healthy Families. The guidelines change every year on April 1st.

## **Health Insurance Portability and Accountability Act (HIPAA) Notice**

The HIPAA notice lists your child's eligible months of creditable coverage while enrolled in the program for purposes of qualifying your child for other health insurance coverage, after you leave Healthy Families. If your child had 18 months of coverage in Healthy Families, this creditable coverage may be used to cancel any pre-existing condition exclusions or waiting periods when moving from Healthy Families to a new insurance plan. (See page 30)

## **Health Maintenance Organization (HMO)**

An organized system that provides a set of health care services to plan subscribers in a geographic area.

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## Household Income

The total income of family members counted in a household before taxes and after required deductions.

## Insurance Plan

A health, dental or vision company that provides coverage to subscribers.

## Minor

Child under the age of 18.

## No-cost Full Scope Medi-Cal

A Medi-Cal program that pays for all services without requiring any payments or co-payments by the subscriber.

## Open Enrollment (OE)

A period of time (April 15 - May 31 each year) when a family can request a change of insurance plan for any reason. Changes take effect on July 1.

## Out-of-Network

A service provided by a doctor, dentist, or other provider who does not have a contract with your family's insurance plan.

## Plan Quality Comparison Guide

A guide that gives an overview about the performance of participating health and dental plans in providing care and customer services to Healthy Families members.

## Pre-existing Condition

Any condition that was diagnosed before enrollment in the Healthy Families Program where medical advice, diagnosis, care, or treatment, including use of prescription drugs, was recommended or received from a licensed health practitioner during that period.

## Premium

The amount owed each month for children enrolled in the Healthy Families Program.

## Premium Re-Evaluation Form

The form can be submitted by an applicant when income or deductions have changed to find out if the Healthy Families Program can lower the monthly premiums. The form can also be used to request that the application be sent to the Medi-Cal Program for a no-cost Medi-Cal eligibility determination.

## Primary Care Dentist

The dentist, selected by the applicant, who will be in charge of the family's dental care.

## Primary Care Physician

The doctor, selected by the applicant, who will be in charge of the family's health care and who will make a referral to specialists as needed.

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## Primary Eye Doctor

The eye doctor selected by the applicant who will be in charge of the family's vision care.

## Share of Cost Medi-Cal

A Medi-Cal program that requires a subscriber to pay a certain amount of the medical expenses every month before it covers benefits. Share of Cost amount is based on monthly income.

## Special Population Plan

A special health, dental, and vision plan combination available to American Indians and also families employed in seasonal jobs in agriculture, fishing, or forestry. This plan combination is available statewide and allows you to keep the same health, dental, and vision plans, even if you move around the state due to seasonal jobs.

## Specialist

A doctor whose training and experience is in a particular area of medicine.

## Sponsor

A person or entity who is registered with the Managed Risk Medical Insurance Board (MRMIB) and who pays a family's premium on behalf of an applicant for any twelve (12) months in the program.

## Subscriber

A family member enrolled in the Healthy Families Program.

## Well-child Checkups

Health, dental and vision services such as immunizations and physical, dental, and eye exams. These check-ups are provided to help families stay healthy.

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